

Arizona State Veterinary Medical Examining Board

1400 W. Washington, Room 240, Phoenix, Arizona 85007

www.vetboard.az.gov

Phone: (602) 364-1738 Fax: (602) 364-1039

**PREMISE LICENSE
NAME CHANGE/SCOPE OF SERVICES CHANGE REQUEST FORM**

CURRENT PREMISE INFORMATION:

Premise # _____

Premise Name _____

Premise Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Premise Telephone Number _____

Reason for Premise License Change Request:

Name Change ☐

Change the premise name to: _____

Scope of Service Change ☐

A.R.S. Section 32-2272(C)....If there have been major changes in the scope of Veterinary Services offered, the premises are subject to re-inspection. Mobile units utilized in conjunction with a licensed premise MUST be declared at the time of application.

Which type of service is being changed? (check below)

Boarding ☐ Diagnostics ☐ Emergency Service (24 hour) ☐ Emergency Service (not 24 hour) ☐

Grooming ☐ Housing ☐ Radiology ☐ Surgery ☐ Transporting patients ☐ Other ☐ _____

Mobile Unit ☐-- For the addition of a mobile unit license please describe the services that will be offered _____

Where will the services be performed? _____

Where will the medical records for the mobile unit be maintained? _____

Is the type of practice changing? Yes ☐ No ☐ If yes, check which category is applicable:

Large animals ☐ Small animals ☐ Exotics ☐ Avian ☐ Specialty ☐

Printed name of Responsible Veterinarian _____ **Date** _____

Signature of Responsible Veterinarian _____